EPIV Fee Schedule and Cross Walk

CODE	X-WALK	DESCRIPTION	FEE
A4221		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG	22.15
A4222		SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	43.95
A4305		DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	21.63
A4306		DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR	21.63
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE	5.60
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED	10.67
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED	7.31
B4081		NASOGASTRIC TUBING WITH STYLET	19.78
B4082		NASOGASTRIC TUBING WITHOUT STYLET	14.73
B4083		STOMACH TUBE - LEVINE TYPE	2.25
B4086		GASTROSTOMY / JEJUNOSTOMY TUBE, (STANDARD OR LOW PROFILE), EACH	32.66
B4150		ENTERAL FORMULAE; CATEGORY I;	0.61
B4151		ENTERAL FORMULAE; CATEGORY IB;	1.43
B4152		ENTERAL FORMULAE; CATEGORY II;	0.51
B4153		ENTERAL FORMULAE; CATEGORY III;	1.74
B4154		ENTERAL FORMULAE; CATEGORY IV;	1.12
B4155		ENTERAL FORMULAE; CATEGORY V;	0.87
B4156		ENTERAL FORMULAE; CATEGORY VI;	1.24
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS	15.08
B4168		PARENTERAL NUTRITION SOLUTION; AMINO ACID,3.5%,	21.96
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5%	34.90
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7%	42.51
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5%	51.04
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), > 50%	21.61
B4184		PARENTERAL NUTRITION SOLUTION; LIPIDS, 10%	70.86
B4186		PARENTERAL NUTRITION SOLUTION, LIPIDS, 20%	94.48
B4189		PARENTERAL NUTRITION SOLUTION; 10 to 51 grams	157.66
B4193		PARENTERAL NUTRITION SOLUTION; 52 TO 73 GRAMS	203.73

B4197		PARENTERAL NUTRITION SOLUTION; 74 TO 100 GRAMS	248.02
B4199		PARENTERAL NUTRITION SOLUTION; OVER 100 GRAMS	283.42
B4216		PARENTERAL NUTRITION; ADDITIVES	6.85
B4220		PARENTERAL NUTRITION SUPPLY KIT;	7.10
B4222		PARENTERAL NUTRITION SUPPLY KIT	8.75
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT,	22.19
B5000		PARENTERAL NUTRITION SOLUTION;	10.54
B5100		PARENTERAL NUTRITION SOLUTION;	4.12
B5200		PARENTERAL NUTRITION SOLUTION;	4.85
B9000	EPV08	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM - RENTAL	103.10
B9002	EPV09	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM - RENTAL	108.65
B9004	EPV10	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE - RENTAL	354.30
B9006	EPV11	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY -RENTAL	354.30
B9998	EPV05 HVV03	NOC FOR ENTERAL SUPPLIES	BR
B9999	EPV07 HVV03	NOC FOR PARENTERAL SUPPLIES	BR
E0776	EPV12 HVV18	IV POLE (purchase)	93.30
E0776RR	EPV13 HVV19	IV POLE (rental)	23.62
S5035		HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G. PUMP MAINTENANCE)	BR
S5036	EPV04 EPV06 HVV02	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)15 min	8.23
S5497		HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	BR
S5498		HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	6.00
S5501		HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN)	7.2
S5520	HVV04	PICC LINE INSERTION	75.71
S5521	HVV04	MIDLINE CATHETER INSERTION	75.71
S9325		PAIN MANAGEMENT INFUSION; DO NOT USE THIS CODE WITH S9326, S9327 OR S9328	50.00
S9326		CONTINUOUS PAIN MANAGEMENT INFUSION;	41.40

S9329		CHEMOTHERAPY INFUSION;(DO NOT USE THIS CODE WITH S9330 OR S9331)	78.00
S9330		CONTINUOUS CHEMOTHERAPY INFUSION; ADMINISTRATIVE	116.00
S9331		INTERMITTENT CHEMOTHERAPY INFUSION;	89.00
S9336		CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.HEPARIN)	78.00
S9348		SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,DUUTAMINE)	78.00
S9351		CONTINUOUS ANTI-EMETIC INFUSION THERAPY;	100.00
S9355		CHELATION THERAPY;	55.00
S9364		TOTAL PARENTERAL NUTRITION (TPN);(DO NOT USE WITH CODES S9365-S9368)	BR
S9365		TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	105.00
S9366		TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY	131.00
S9367		TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITER BUT NO MORE THAN THREE LITERS PER DAY	135.00
S9368		TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY	135.00
S9373		HYDRATION THERAPY; (DO NOT USE WITH CODES S9374-S9377)	BR
S9374		HYDRATION THERAPY; ONE LITER PER DAY	40.00
S9375		HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY	55.00
S9376		HYDRATION THERAPY; MORE THAN TWO LITER BUT NO MORE THAN THREE LITERS PER DAY	55.00
S9377		HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY	55.00
S9379	HVV26	INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	BR
S9494		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;(DO NOT USE WITH CODES FOR HOURLY DOSING S9497-S9504)	
S9497		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS;	83.00
S9500		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS	88.00
S9501		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS	88.00
S9502		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS	108.00

S9503		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 6 HOURS	108.00
S9504		ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS	108.00
S9524	EPV21 HVV17	NURSING SERVICES RELATED TO HOME IV THERAPY, PER DIEM	48.13
S9802		HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, NURSING SERVICE ,PER VISIT, UP TO 2 HOURS	BR
S9803		EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO S9802)	BR
T1001*	EPV22 HVV22	NURSING ASSESSMENT/EVALUATION *Type of Service R	48.13